## TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53

Attorney Docket No.	25835-4001B	
Customer No.:	24961	
First Named Inventor	Gerardo M. Castillo	
Express Mail Label No. EV417729196US		
Date of Mailing	January 21, 2004	

Application Elements	Accompanying Application Papers
1. [X] Fee Transmittal Form	6. [X] Copy of assignment from prior application
[X] Specification containing <u>42</u> pages (including claims and Abstract)	7. [X] Small Entity Status is claimed のなり
	8. [ ] Preliminary Amendment 5200
a. Title: POLYHYDROXYLATED AROMATIC COMPOUNDS FOR THE TREATMENT OF AMYLOIDOSIS AND α-SYNUCLEIN FIBRIL DISEASES	9. [X] Return Receipt Postcard
b. Number of claims: <u>11</u>	
3. [ ] Sheets of drawings	
4. [X] Copy of Declaration filed in parent application. Copy of Power of Attorney/3.73(b) Certificate filed in parent application.	
5. [ ] Sequence Listing	
[ ] Paper copy (identical to computer copy)	
[ ] Computer readable copy	
[ ] Verified Statement Concerning Sequence Listing	
	SIGNATURE OF ATTORNEY/AGENT
	HELLER EHRMAN WHITE & McAULIFFE LLP  Dale L. Rieger  Registration Number: 43,045
IVI This call of the Chief	F .: N .00/740 740 () LB

[X] This application is a continuation of U.S. Application No. 09/748,748 filed December 26, 2000, to Castillo *et al.*, entitled "POLYHYDROXYLATED AROMATIC COMPOUNDS FOR THE TREATMENT OF AMYLOIDOSIS AND α-SYNUCLEIN FIBRIL DISEASES," which claims the benefit of priority under 35 U.S.C. §119(e) to U.S. Provisional Patent Application No. 60/173,958, filed December 30, 1999, to Castillo *et al.*, entitled "POLYHYDROXYLATED AROMATIC COMPOUNDS FOR THE TREATMENT OF AMYLOIDOSIS AND α-SYNUCLEIN FIBRIL DISEASES." The disclosures of the above-referenced applications are incorporated by reference in their entirety.

CORRESPONDENCE ADDRESS				
NAME	NAME Stephanie Seidman Registration No. 33,779 Heller Ehrman White & McAuliffe LLP			
Address	4350 La Jolla Village Drive, 7th Floor, San Diego, CA 92122			
	Telephone: 858.450-8400	Facsimile: 858.587.5360		

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FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53

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## FEE CALCULATION FOR CLAIMS AS AMENDED

a)	Basic Fee	\$ <u>770.00</u>
b)	Independent Claims <u>3</u> - 3 = <u>0</u> x \$ 86.00 \$ <u>0.00</u>	
c)	Total Claims $11 - 20 = 0 \times 18.00 \div 0.00$	

c) Total Claims  $\underline{11} - 20 = \underline{0} \times \$ 18.00 \quad \$ \underline{0.00}$ d) Fee for Multiple Dependent Claims -  $\$0.00 \quad \$ \underline{.00}$ 

TOTAL FILING FEE \$ 770.00

[X] Status as Small Entity is claimed, reducing Fee by one-half to \$385.00

[X] A check in the amount of \$385.00 to cover the fee for filing the application.

[] Charge \$ ..00 to Deposit Account No. 50-1213.

[X] The Commissioner is hereby authorized to charge any fees that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

CORRESPONDENCE ADDRESS				
NAME	Stephanie Seidman Registration No. 33,779 Heller Ehrman White & McAuliffe LLP			
Address	ss 4350 La Jolla Village Drive, 7th Floor, San Diego, CA 92122			
	Telephone: 858.450.8400 Facs	simile: 858.587.5360		
Submitted by:				
Typed or printed name	Dale L. Rieger	Reg. Number 43,045		
Signature	Tal My Date 1/21/200	D4 Deposit Account 50-1213		